

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,417

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		0		
10	1	1	1	1		
11	1	1	1	1		
12	1	1	1	1		
13	1	1	1	1		
14	1	1	1	1		
15	1	1	1	1		
16	1	1	1	1		
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18	1	1	1	1		
19	1	1	1	1		
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23	1	1	1	1		
24	1	1	1	1		
25	1	1	1	1		
26	1	1	1	1		
27	1					
28	1	1	1	1		
29	1	1	1	1		
30	1	1	1	1		
31	1	1	1	1		
32	1	1	1	1		
33			1			
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44						
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46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	27	←	28	←	←	
TOTAL CLAIMS	3		32			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						